

JUN 2 9 2012 FCC Mail Room

June 28, 2012

Marlene H. Dortch Office of the Secretary Federal Communications Commission 445 12<sup>th</sup> Street SW Washington, D.C. 20554

RE:

WC Docket No. 10-90, In the Matter of Connect America Fund; Annual Reporting Requirements for High-Cost Recipients, 47 CFR §54.313(a)(2)-(6) and (h)

Dear Ms. Dortch:

Enclosed please find the Eligible Telecommunications Carrier (ETC) annual report and certifications for Lake Livingston Telephone Company, Study Area Code 442104. This information is being provided pursuant to 47 CFR §54.313(a)(2)-(6) for 2012, covering 2011 calendar year information.

Also enclosed please find Lake Livingston Telephone Company Local Rate Floor data as required by 47 CFR §54.313(h), along with the necessary certification signed by a company officer.

This information is being provided to the Administrator and the Kansas Corporation Commission pursuant to 47 CFR §54.313(i).

Please contact the undersigned if there are any questions regarding the enclosed information.

Sincerely,

**Rob Strait** 

Authorized Representative for Lake Livingston Telephone Company

Enclosure

cc: Universal Service Administrative Company

Filing Clerk
Public Utility Commission of Texas
1701 North Congress Avenue
Austin, TX 78711

10318 North 138th East Ave • Owasso, OK 74055 Phone: (918) 376-9901 • Fax: (918) 376-9280 3210 East Woodmen Road, Suite 210 • Colorado Springs, CO 80920 Phone: (719) 531-6342 • Fax: (719) 531-0788

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**FCC Mail Room** 

# LAKE LIVINGSTON TELEPHONE COMPANY - SAC 442104

Annual Report for of High-Cost Recipients
Pursuant to 47 C.F.R. §54.313(a)(2) through (a)(6) and (h)

#### OUTAGE REPORTING - §54.313(a)(2)

Detailed information on any outage in the prior calendar year, of at least thirty (30) minutes in duration for each service area in which the ETC is designated for any facilities it owns, operates, leases or otherwise utilizes that affected:

- At least 10% of the end users served in the designated service area; or
- A 911 special facility as defined in 47 C.F.R. §4.5(e).
- Specifically, the ETC's report of the outage must include the following information:
  - o The date and time of the outage; and,
  - o A brief description of the outage and its resolution; and,
  - o The particular services affected; and,
  - o The geographic areas affected by the outage; and,
  - o Steps taken to prevent a similar situation in the future; and,
  - o The number of customers affected by the outage.

### Response:

Lake Livingston Telephone Company had no reportable outages during the prior calendar year.

#### UNFULFILLED SERVICE REQUESTS - §54.313(a)(3)

The number of requests for service from potential customers within the ETC's service areas that were unfulfilled during the prior calendar year. The ETC shall also detail how it attempted to provide service to those customers.

#### Response:

Lake Livingston Telephone Company had no unfulfilled requests for service during the prior calendar year.

# LAKE LIVINGSTON TELEPHONE COMPANY - SAC 442104

Annual Report for of High-Cost Recipients Pursuant to 47 C.F.R. §54.313(a)(2) through (a)(6) and (h)

# NUMBER OF COMPLAINTS PER 1,000 CONNECTIONS - §54.313(a)(4)

The number of customer complaints per 1,000 connections (fixed or mobile) in the prior calendar year.							
Response:						·····	

Lake Livingston Telephone Company had no customer complaints during the prior calendar year.

#### LAKE LIVINGSTON TELEPHONE COMPANY - SAC 442104

Annual Report for of High-Cost Recipients Pursuant to 47 C.F.R. §54.313(a)(2) through (a)(6) and (h)

# **COMPLIANCE CERTIFICATION**

# COMPLIANCE WITH SERVICE QUALITY STANDARDS AND CONSUMER PROTECTION RULES - §54.313(a)(5)

Certification that the ETC is complying with applicable service quality standards and consumer protection rules.

and

ABILITY TO	FUNCTION IT	Y EMERGENCY!	SITUATIONS -	<b>§54.313(a)(6)</b>

Certification that the ETC is able to f	unction in emergency situation	ns as set forth in §54.202(a)(2).
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#### Response:

# ANNUAL COMPLIANCE CERTIFICATION WITH §54.313(a)(5) and §54.313(a)(6)

Lake Livingston Telephone Company ("Lake Livingston"), hereby certifies pursuant to the requirements under 47 C.F.R. §54.313(a)(5) and §54.313(a)(6) that:

- 1. Lake Livingston is in compliance with any and all applicable service quality standards and consumer protection rules.
- 2. Lake Livingston is capable of functioning in emergency situations. Lake Livingston has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.
- 3. I am authorized to provide this certification on behalf of Lake Livingston Telephone Company.

Executed on:	Date 0/20/17
Signature:	Signed Centro
Printed Name:	TERRY GENTIE
Title:	CENERAL MOSSOGER

# LAKE LIVINGSTON TELEPHONE COMPANY - SAC 442104

Annual Report for of High-Cost Recipients Pursuant to 47 C.F.R. §54.313(a)(2) through (a)(6) and (h)

# ADDITIONAL VOICE RATE DATA - §54.313(h)

All incumbent local exchange carrier recipients of high-cost support must report all rates for residential local service, as well as state fees as defined pursuant to §54.318(e) of this subpart, that are below the local urban rate floor as defined in §54.318 of this subpart, and the number of lines for each rate specified. Carriers shall report lines and rates in effect as of June 1.

#### Response:

Lake Livingston Telephone Company has no residential local service rates plus any state fees as defined pursuant to §54.318(e) of this subpart, that are below the local urban rate floor as defined in §54.318.

# **Rate Floor Data**

	F	RATE FLOOR	DATA COLL	ECTION - OM	IB Control Nu	ımber 3060-0986
Block 1						and the second of the second of the second
ROW#			FORMAT OF REQUESTED DATA		RESPONSE	
1	Carrier Study Area	Code		6 numeric digits		442104
2	Carrier Study Area	Name		alpha characters	Lake Livingston Te	elephone Company
3	Service Provider Ide	entification Number		9 numeric digits	143002440	
4	Residential Local	Service Charge Eff	ective Date	mm/dd/yyyy	6/1/2012	
5	Contact Name			alpha characters	Terry Gentle	
6	Contact Telephone	Number (include ar	ea code)	9 numeric digits	936-566-4000	
7	Sheet number			numeric digit(s)	1	
8	Total Number of Sh	eets		numeric digit(s)	1	
		18,29 MAN	5 9 2 4 5 1 1 1 7 7 8 1 P		es, Fees, and Lir	te Counts
	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops	
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#### Rate Floor Template

## Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Lake Livin	ngsten Telepho	one Con	npany			
Signature of authorized officer	elpy (	Óes	N/F		Date 06/06/2012	
Printed name of authorized officer Terr	y Gentle					
Title or position of authorized officer Ge	eneral Manage	r				
Telephone number of authorized officer:	936), 566-4000	ext.				
Study Area Code of Reporting Carrier	442104	. 740	Filing Due Date for this form (mm/dd/yyyy)	7/1/2012		•
I certify that our company receives or as defined) less than \$10.	is projected to receive h	ligh Cost Loc	p Support or High Cost Model Support in	1 2012 and has no m	onthly residential rates (plus cha	rges

#### Rate Floor Data

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

Certification of Offic	er to Authorize ar	n Agent to File Rate Floor Data o	n Behalf of Reporting Carrier				
I certify that National Exchange Carrier Association (NECA)  is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.							
I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.							
Name of Authorized Agent National Exc	hange Carrier Asso	ociation (NECA)					
Name of Reporting Carrier Lake Living	gston Telepho <del>n</del>	e Company					
Signature of authorized officer TERY () LATES Date 06/06/2012							
Printed name of authorized officer Terry Gentie							
Title or position of authorized officer Gene	eral Manager						
Telephone number of authorized officer: (936), 566-4000 ext.							
Study Area Code of Reporting Carrier	442104	Filing Due Date for this form (mm/dd/yyyy)	7/1/2012				
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